

# *UnitedHealthcare Medicare Advantage* Policy Guideline Update Bulletin: December 2022

## In This Issue

### Policy Guideline Updates

### Page

#### Updated

• Blood Product Molecular Antigen Typing.....	2
• Clinical Diagnostic Laboratory Services .....	2
• Eylea® (Aflibercept) .....	2
• Infusion Pumps (NCD 280.14) .....	2
• Long-Term Wearable Electrocardiographic Monitoring .....	2
• Pharmacogenomics Testing .....	3

#### Revised

• Tier 2 Molecular Pathology Procedures.....	3
• Transportation Services .....	4
• Vaccination (Immunization) .....	6

## Policy Guideline Updates

Updated		
Policy Title	Approval Date	Summary of Changes
Blood Product Molecular Antigen Typing	Nov. 9, 2022	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Added reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Pharmacogenomics Testing</i></li> </ul> <p><b>Applicable Codes</b></p> <p><i>Provisional</i></p> <ul style="list-style-type: none"> <li>Added CPT code 0193U</li> </ul> <p><i>Non-Covered</i></p> <ul style="list-style-type: none"> <li>Reclassified/relocated CPT code 0193U (refer to the list of <i>Provisional</i> codes)</li> </ul>
Clinical Diagnostic Laboratory Services	Nov. 9, 2022	<p><b>Applicable Codes</b></p> <ul style="list-style-type: none"> <li>Removed CPT code 0345U</li> </ul>
Eylea® (Aflibercept)	Nov. 9, 2022	<p><b>Policy Summary</b></p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> <li>Removed language pertaining to billing/coding for the administration of aflibercept</li> <li>Removed CPT code 67028</li> <li>Removed modifier codes 50, EJ, JW, LT, and RT</li> </ul>
Infusion Pumps (NCD 280.14)	Nov. 9, 2022	<p><b>Applicable Codes</b></p> <p><i>ICD-10 Diagnosis Codes</i></p> <p>For HCPCS Codes E0784 and J1817</p> <ul style="list-style-type: none"> <li>Added notation to indicate O24.415, O24.425, and O24.435 were “deleted Feb. 27, 2022”</li> </ul> <p>For HCPCS Codes J1555 and J1575</p> <ul style="list-style-type: none"> <li>Revised description for M33.10, M33.11, M33.12, M33.13, and M33.19</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Long-Term Wearable Electrocardiographic Monitoring	Nov. 9, 2022	<p><b>Applicable Codes</b></p> <p><i>CPT Codes</i></p> <p>External Electrocardiographic Recording</p> <ul style="list-style-type: none"> <li>Removed CPT codes 0295T, 0296T, 0297T, and 0298T</li> </ul> <p><i>ICD-10 Diagnosis Codes</i></p> <p>For CPT Codes 93228 and 93229</p> <ul style="list-style-type: none"> <li>Added I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I34.89, I47.20, I47.21, I47.29, and Z79.85</li> </ul>

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Policy Title	Approval Date	Summary of Changes
Long-Term Wearable Electrocardiographic Monitoring (continued)	Nov. 9, 2022	<ul style="list-style-type: none"> <li>Added notation to indicate I34.8 and I47.2 were “deleted Sep. 30, 2022”</li> </ul> <p><b>For CPT Codes 93268, 93270, 93271, and 93272</b></p> <ul style="list-style-type: none"> <li>Added I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I47.20, I47.21, I47.29, and Z79.85</li> <li>Added notation to indicate I47.2 was “deleted Sep. 30, 2022”</li> </ul> <p><b>For CPT Codes 93224, 93225, 93226, and 93227</b></p> <ul style="list-style-type: none"> <li>Added I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I34.89, I47.20, I47.21, I47.29, and Z79.85</li> <li>Added notation to indicate I34.8 and I47.2 were “deleted Sep. 30, 2022”</li> <li>Removed I44.30, I49.40, and R00.0</li> </ul> <p><b>For CPT Codes 93241, 93242, 93243, 93244, 93245, 93246, 93247, and 93248</b></p> <ul style="list-style-type: none"> <li>Added I25.112, I25.702, I25.712, I25.722, I25.732, I25.752, I25.762, I25.792, I34.81, I34.89, I47.20, I47.21, I47.29, and Z79.85</li> <li>Added notation to indicate I34.8 and I47.2 were “deleted Sep. 30, 2022”</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Pharmacogenomics Testing	Nov. 9, 2022	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Added reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Blood Product Molecular Antigen Typing</i></li> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Policy Guideline titled <i>Pharmacogenomic Testing for Warfarin Response (NCD 90.1)</i></li> </ul> <p><b>Applicable Codes</b></p> <p><i>Provisional</i></p> <ul style="list-style-type: none"> <li>Added CPT codes 0193U and 0345U</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Revised		
Policy Title	Approval Date	Summary of Changes
Tier 2 Molecular Pathology Procedures	Nov. 9, 2022	<p><b>Policy Summary</b></p> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> <li>Removed duplicative language pertaining to non-covered screening services (refer to the <i>Nationally Non-Covered Indications</i> section of the policy)</li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Tier 2 Molecular Pathology Procedures (continued)	Nov. 9, 2022	<p><b>Gene Identification Covered</b></p> <ul style="list-style-type: none"> <li>Revised list of covered indications:           <ul style="list-style-type: none"> <li>For CPT Code 81401               <ul style="list-style-type: none"> <li>Added MT-RNR1</li> </ul> </li> <li>For CPT Code 81406               <ul style="list-style-type: none"> <li>Removed MUTYH [(mutY homolog (E. coli))]</li> </ul> </li> </ul> </li> </ul> <p><b>Non-Covered</b></p> <ul style="list-style-type: none"> <li>Revised list of non-covered indications:           <ul style="list-style-type: none"> <li>For CPT Code 81401               <ul style="list-style-type: none"> <li>Removed and reclassified MT-RNR1 (refer to the list of <i>Covered</i> indications)</li> </ul> </li> </ul> </li> <li>Revised language pertaining to Social Security Act, §1862(a)(1)(A) to indicate a laboratory service can be reasonable and necessary if the service is:           <ul style="list-style-type: none"> <li>Safe and effective</li> <li>Not experimental or investigational (exception: routine costs of qualifying clinical trial services which meet the requirements of the Clinical Trials NCD and are considered reasonable and necessary)</li> <li>Appropriate, including the duration and frequency that is considered appropriate for the item or service, in terms of whether it is furnished in accordance with accepted standards of medical practice for the diagnosis or treatment of the patient's condition or to improve the function of a malformed body member</li> <li>Furnished in a setting appropriate to the patient's medical needs and condition</li> <li>Ordered and furnished by qualified personnel</li> <li>One that meets, but does not exceed, the patient's medical need</li> <li>At least as beneficial as an existing and available medically appropriate alternative</li> </ul> </li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>Updated <i>References</i> section to reflect the most current information</li> </ul>
Transportation Services	Nov. 9, 2022	<p><b>Related Policies</b></p> <ul style="list-style-type: none"> <li>Removed reference link to the UnitedHealthcare Medicare Advantage Reimbursement policy titled <i>Medicare Physician Fee Schedule Status Indicator, Professional</i></li> </ul> <p><b>Policy Summary</b></p> <p><b><i>Billing for Ground Ambulance Services when the Beneficiary is Pronounced Deceased</i></b></p> <ul style="list-style-type: none"> <li>Revised language to indicate, according to the <i>Medicare Benefit Policy Manual, Pub. 100-02, Chapter 10, Section 10.2.6</i>, reimbursement of ambulance services will be provided to a deceased Medicare beneficiary:</li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Transportation Services (continued)	Nov. 9, 2022	<ul style="list-style-type: none"> <li>○ If the patient is pronounced dead after the ambulance is called or dispatched, but before the ambulance arrives at the scene:               <ul style="list-style-type: none"> <li>▪ Payment may be made for a Basic Life Support (BLS) service if a ground vehicle is dispatched or at the fixed wing or rotary wing base rate, as applicable, if an air ambulance is dispatched</li> <li>▪ Neither mileage nor a rural adjustment would be paid; the blended rate amount will otherwise apply</li> <li>▪ Providers or suppliers report the A0428 (BLS) non-emergency or A0429 (BLS) emergency transport HCPCS code if an emergency response and modifier QL (patient pronounced dead after ambulance called) in “HCPCS/Rates” instead of the origin and destination modifier for ground vehicles; in addition to the QL modifier, institutional based providers report modifier QM or QN</li> <li>▪ If the time of death pronouncement is after takeoff to point of pickup but before the patient is loaded on-board the air ambulance, air ambulance providers or suppliers bill the A0430 or A0431 depending on the type of aircraft and modifier QL</li> </ul> </li> <li>○ If the ambulance is called or dispatched but the patient dies on the scene prior to the arrival of the ambulance:               <ul style="list-style-type: none"> <li>▪ Payment may be made for BLS service if a ground vehicle is dispatched or at the fixed wing or rotary wing base rate, as applicable, if an air ambulance is dispatched</li> <li>▪ Neither mileage nor a rural adjustment would be paid</li> <li>▪ Ground ambulance providers or suppliers report the A0428 (BLS non-emergency) or A0429 (BLS emergency transport) HCPCS code if an emergency response and modifier QL</li> <li>▪ Air ambulance providers or suppliers bill HCPCS A0430 or A0431 depending on the type of aircraft and modifier QL, if the time of death pronouncement is after takeoff to point of pickup but before the patient is loaded on-board the air ambulance</li> </ul> </li> <li>○ If the patient dies after the ambulance is dispatched but before the patient is loaded onboard the ambulance (before or after arrival at the point-of-pickup):               <ul style="list-style-type: none"> <li>▪ Medicare payment determination is your BLS base rate</li> <li>▪ No mileage or rural adjustment</li> <li>▪ Providers or suppliers report the A0428 (BLS) non-emergency or A0429 (BLS) emergency transport HCPCS code if an emergency response and the QL modifier</li> </ul> </li> <li>○ If the patient dies after pickup, prior to or upon arrival at the receiving facility, the medically necessary level of service provided will determine the payment</li> </ul> <p><b>Supporting Information</b></p> <ul style="list-style-type: none"> <li>● Updated <i>References</i> section to reflect the most current information</li> </ul>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Vaccination (Immunization)	Nov. 9, 2022	<p><b>Policy Summary</b></p> <p><i>Overview</i></p> <ul style="list-style-type: none"> <li>• Revised language to indicate:               <ul style="list-style-type: none"> <li>○ Vaccinations or inoculations are excluded as immunizations unless directly related to the treatment of an injury or direct exposure to a disease or condition as listed [in the <i>Guidelines</i> section of the policy]</li> <li>○ Preventive immunizations are not covered except for the following:                   <ul style="list-style-type: none"> <li>▪ Pneumococcal</li> <li>▪ Hepatitis B; and</li> <li>▪ Influenza virus vaccines</li> </ul> </li> <li>○ If a vaccine or inoculation is not covered, related charges are also not covered; refer to the <a href="#">CMS Pub 100-02 Medicare Benefit Policy Manual, Chapter 15 – Covered Medical and Other Health Services, Section 50.4.4.2 – Immunizations</a></li> </ul> </li> </ul> <p><i>Guidelines</i></p> <ul style="list-style-type: none"> <li>• Added language to indicate Medicare provides preventive coverage only for certain vaccines; these include:               <ul style="list-style-type: none"> <li>○ Influenza: once per flu season</li> <li>○ Pneumococcal: an initial pneumococcal vaccine to Medicare beneficiaries who have never received the vaccine under Medicare Part B; and a different, second pneumococcal vaccine 1 year after the first vaccine was administered</li> <li>○ Hepatitis B: for persons at intermediate-to high-risk only</li> <li>○ People who are considered high or medium risk for hepatitis B are:                   <ul style="list-style-type: none"> <li>▪ Those with End-Stage Renal Disease (ESRD) also known as kidney failure</li> <li>▪ Hemophiliacs</li> <li>▪ Clients and staff at institutions for the developmentally disabled</li> <li>▪ Those who live in the same household as a hepatitis B carrier</li> <li>▪ Homosexual men</li> <li>▪ Illicit drug users</li> <li>▪ Health care professionals who have frequent contact with blood or other body fluids during routine work</li> </ul> </li> <li>○ Other immunizations are covered under Medicare only if they are directly related to the treatment of an injury or direct exposure:                   <ul style="list-style-type: none"> <li>▪ Rabies</li> <li>▪ Tetanus</li> </ul> </li> </ul> </li> </ul> <p>Applicable Codes</p> <p><i>Coding Clarification</i></p>

## Policy Guideline Updates

Revised		
Policy Title	Approval Date	Summary of Changes
Vaccination (Immunization) (continued)	Nov. 9, 2022	<ul style="list-style-type: none"> <li>Removed/relocated language addressing coverage of Hepatitis B (refer to the <i>Guidelines</i> section of the policy)</li> </ul> <p><b><i>Medicare Covered for Hepatitis B</i></b></p> <ul style="list-style-type: none"> <li>Revised description for CPT code 90739</li> </ul> <p><b><i>Tetanus-Diphtheria</i></b></p> <ul style="list-style-type: none"> <li>Added ICD-10 diagnosis codes S61.306D, W50.3XXA, W50.3XXD, W50.4XXA, W50.4XXD, W53.01XA, W53.01XD, W53.11XA, W53.11XD, W53.21XA, W53.21XD, W53.81XA, W53.81XD, W54.0XXA, W54.0XXD, W55.01XA, W55.01XD, W55.03XA, W55.03XD, W55.11XA, W55.11XD, W55.21XA, W55.21XD, W55.31XA, W55.31XD, W55.41XA, W55.41XD, W55.51XA, W55.51XD, W55.81XA, W55.81XD, W56.01XA, W56.01XD, W56.11XA, W56.11XD, W56.21XA, W56.21XD, W56.31XA, W56.31XD, W56.41XA, W56.41XD, W56.51XA, W56.51XD, W56.81XA, W56.81XD, W58.01XA, W58.01XD, W58.11XA, W58.11XD, W59.01XA, W59.01XD, W59.11XA, W59.11XD, W59.21XA, W59.21XD, W59.81XA, W59.81XD, W60.XXXA, W60.XXXD, W61.01XA, W61.01XD, W61.11XA, W61.11XD, W61.21XA, W61.21XD, W61.33XA, W61.33XD, W61.43XA, W61.43XD, W61.51XA, W61.51XD, W61.61XA, W61.61XD, W61.91XA, and W61.91XD</li> </ul>

## General Information

This bulletin provides a list of new, updated, revised, replaced and/or retired UnitedHealthcare Medicare Advantage Policy Guidelines to reflect the most current clinical coverage rules and guidelines developed by the Centers for Medicare & Medicaid Services (CMS). The inclusion of a health service (e.g., test, drug, device or procedure) in this bulletin indicates only that UnitedHealthcare has recently adopted a new policy and/or updated, revised, replaced or retired an existing policy; it does not imply that UnitedHealthcare provides coverage for the health service. In the event of an inconsistency or conflict between the information provided in this bulletin and the posted policy, the provisions of the posted policy will prevail. Note that most benefit plan documents exclude from benefit coverage health services identified as investigational or unproven/not medically necessary. Physicians and other health care professionals may not seek or collect payment from a member for services not covered by the applicable benefit plan unless first obtaining the member's written consent, acknowledging that the service is not covered by the benefit plan and that they will be billed directly for the service.

UnitedHealthcare respects the expertise of the physicians, health care professionals, and their staff who participate in our network. Our goal is to support you and your patients in making the most informed decisions regarding the choice of quality and cost-effective care, and to support practice staff with a simple and predictable administrative experience. The Policy Update Bulletin was developed to share important information regarding UnitedHealthcare Medicare Advantage Policy Guideline updates. When information in this bulletin conflicts with applicable state and/or federal law, UnitedHealthcare follows such applicable federal and/or state law.

Note: The absence of a policy does not automatically indicate or imply coverage. As always, coverage for a health service must be determined in accordance with the member's benefit plan and any applicable CMS, federal, or state regulatory requirements. Additionally, UnitedHealthcare reserves the right to review the clinical evidence supporting the safety and effectiveness of a medical technology prior to rendering a coverage determination.

### Policy Update Classifications

#### *New*

New coverage guidelines have been adopted for a health service (e.g., test, drug, device or procedure)

#### *Updated*

An existing policy has been reviewed and changes have not been made to the coverage guidelines; however, items such as the definitions or references may have been updated

#### *Revised*

An existing policy has been reviewed and revisions have been made to the coverage guidelines

#### *Replaced*

An existing policy has been replaced with a new or different policy

#### *Retired*

An existing policy has been retired because national and local coverage determinations from the Centers for Medicare and Medicaid Services (CMS) are no longer available or the applicable coverage guidelines are documented in another policy



The complete library of UnitedHealthcare Medicare Advantage Policy Guidelines is available at [UHCprovider.com](https://UHCprovider.com) > Policies and Protocols > Medicare Advantage Policies > [Policy Guidelines](#).